

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/622089 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2		/		/			52							
3		2		2			53							
4		2		2			54							
5		2		2			55							
6		2		2			56							
7		1		1			57							
8		1		1			58							
9	/		/				59							
10	/		/				60							
11	/		/				61							
12	/		/				62							
13	/		/				63							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/						TOTAL IND.							
TOTAL DEP.	/						TOTAL DEP.							
TOTAL CLAIMS	18						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS